

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366
FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: DSPSContEducation@wi.gov
Website: <http://dps.wi.gov>

COSMETOLOGY EXAMINING BOARD

CONTINUING EDUCATION APPROVAL REQUEST FORM FOR THE 2017-2019 BIENNIUM

Applications must be submitted at least 45 business days prior to the first date the course is offered.

IMPORTANT: Please refer to Form # 2894 to review continuing education information and standards for course approval for the 2017-2019 biennium.

PLEASE TYPE OR PRINT IN INK.

The information provided in this table <u>WILL</u> be posted on the DSPS website.	
1. NAME OF COURSE PROVIDER	2. TELEPHONE NUMBER
3. LOCATION OF COURSE FOR CLASSROOM INSTRUCTION	4. COURSE DATE(S)
5. WEBSITE ADDRESS	6. EMAIL ADDRESS

The information provided in this table is for internal use only and WILL NOT be posted on the DSPS website.		
7. CONTACT NAME	8. TELEPHONE NUMBER	9. EMAIL ADDRESS
10. ADDRESS (number, street, city, state, zip code)		

11. Check the course(s) for which you are seeking approval and check the method of instruction.

- ☐ 3 hour safety, sanitation and infection control course
☐ 1 hour law course

<u>Classroom</u> <u>Education</u>	<u>Distance</u> <u>Learning</u>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

12. On separate page(s), provide the following information:

- Company organizational structure
- Course registration policies
- Course fee schedule
- Course advertising materials
- Student records system
- Summary of evaluations conducted
- Instructor evaluation
- Sample certificate of completion

Wisconsin Department of Safety and Professional Services

13. Program Content – Attach course materials and a detailed course outline with specific allocations of hours to each topic presented. For subject material that must be included and requirements for this section, review Form # 2894.

14. INSTRUCTORS – Attach a list of instructors and a resume for each, which includes their qualifications to develop and teach the continuing education course.

THIS SECTION IS FOR DISTANCE LEARNING COURSES ONLY

15. Indicate the method of instruction (DVD, paper, etc.): _____

16. Attach at least 5 multiple-choice examination questions for each hour of instruction.

17. Attach the assignment that must be graded or corrected by the CE provider and returned to the licensee before the licensee is allowed to take the course examination. The CE provider may not provide a licensee with the assignment answers before the licensee has submitted their completed assignment. Explain how these requirements will be fulfilled

18. On separate page(s), describe how your company will carry out the following:

- Ensure that instructors, who must be approved by the Department, are available to students to answer questions and address concerns at reasonable times and by reasonable means.
- Distribute, collect and score examinations and supplemental materials as well as provide a reasonable level of examination security.
- Sufficiently cover the subjects specified for the continuing education courses.
- Provide a reasonable procedure for verifying the enrollees' identity and a means to ensure that the person completing the examination is the enrolled student.
- Report examination pass/fail information to students and issue certificates of course completion.
- Ensure that all courses available online, including booklets and text based courses, must include a timer that cannot be fast-forwarded. Text based courses that require licensees to read a substantial amount of course material must include a minimum of 5,000 words per CE hour.

	YES	NO
19. Do you agree to notify the Department in writing of any changes in the information which you provided in this application within 10 days following the date of the change?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is enrollment open to all licensees regardless of gender, race, sexual orientation, disability, religion, or age?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you agree to adhere to all pertinent state requirements in Chapter COS 11 of the Wisconsin Administrative Code?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that all statements made in this application and attachments are true to the best of my knowledge and belief.

Print Name and Title

Date

Signature